

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

	AMDT/AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17	1		1			
18	1		1			
19	1		1			
20		3		3		
21		3		3		
22		3		3		
23		3		3		
24		3		3		
25		3		3		
26		3		3		
27		3		3		
28		3		3		
29		3		3		
30		3		3		
31		3		3		
32		3		3		
33		3		3		
34		2		2		
35		2		2		
36		1		1		
37		3		3		
38		1		1		
39		3		3		
40	1		1			
41	1		1			
42	1		1			
43		1		1		
44		3		3		
45		3		3		
46		3		3		
47		3		3		
48		3		3		
49		3		3		
50		3		3		
TOTAL IND.	21		21			
TOTAL DEP.	157		157			
TOTAL CLAIMS	178		178			

CLAIMS

	•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		3		3		
52		3		3		
53		3		3		
54		3		3		
55		3		3		
56		3		3		
57	1		1			
58	1		1			
59	1		1			
60	1		1			
61	1		1			
62		1		1		
63	1		1			
64	1		1			
65		2		2		
66		2		2		
67		2		2		
68	1		1			
69		1		1		
70		3		3		
71		3		3		
72		3		3		
73		2		2		
74		2		2		
75		3		3		
76		3		3		
77		3		3		
78		3		3		
79		3		3		
80		1		1		
81		1		1		
82		3		3		
83		3		3		
84		3		3		
85		3		3		
86		3		3		
87		3		3		
88	1		1			
89	1		1			
90		1		1		
91	1		1			
92		1		1		
93		1		1		
94		1		1		
95	1		1			
96	1		1			
97	1		1			
98	1		1			
99		3		3		
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

$$\begin{array}{r}
 44 \\
 \times 3 \\
 \hline
 132 \\
 146 \\
 \hline
 146 \\
 11 \\
 \hline
 157
 \end{array}$$